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ORIGINAL ARTICLE

Usage of complementary and alternative medicine among primary care clinic attendees, Kuching, Sarawak, Malaysia, January – April 2004

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Abstract

Aims: To evaluate the utilization of complementary and alternative medicine (CAM) in Kuching, Sarawak, Malaysia

Methods: This was a cross-sectional study of patients who attended three randomly selected primary care clinics over 4 months from January to April 2004. A total of 198 patients were recruited. One hundred and eighty-one (91.4%) patients agreed to participate by answering the anonymous questionnaire.

Results: Ninety (51.4%) patients used CAM of which 43 (47.8%) patients used more than one type of CAM. Utilization rates of CAM were found to be associated with employment status but not with other socio-demographic factors. The common types of alternative medicine used were massage (n = 63; 36.2%) and herbal medicine (n = 44; 25.1%). Forty-two (46%) of the CAM users, used CAM for the problems that led to their current clinic visit. Thirty-four (37.8%) were using alternative and modern medicine at the same time. The reasons for CAM usage given by about half of the patients were that CAM was more effective and better for emotional or mental health problems.

Conclusions: Usage of CAM was common in patients who visited primary care clinics. It is important to recognize this fact as combined use of CAM can create potentially dangerous interactions with pharmacotherapies

Key words: complementary and alternative medicine (CAM), primary care

Introduction

There is well-documented evidence that the use of complementary and alternative medicine (CAM) in Western society is high.^{1–3} A US survey in 1993 found that 34% of Americans were using at least one type of alternative therapy.¹ In European countries, CAM was used by 20–50% of the population.³ An Australian survey in 1992/1993 found that 48.5% of the population used at least one non-medically prescribed alternative therapeutic modality.² In studies in the US and Australia, CAM usage was found to be influenced by socio-demographic factors.^{1,2} However, little is known about the use of CAM in Malaysia.

The reasons patients are attracted to CAM may be related to the influence of the underlying philosophies they share, which involve nature, vitalism, “science” and spirituality.⁴ Austin et al. reported that besides patients’ perceptions that alternative therapies are more congruent with their philosophical orientation toward health, practitioners’ skills to listen, understand and deal with patients’ personal life as well as pathology, also play important roles.⁵

There are variations in the CAM methods used in various countries. Herbal medicines and spiritual healing are the two major types of CAM used in the Indian community in South Africa, while chiropractic is dominant in Australia and in the US.^{2,6,7}

Typical problems for which patients consult CAM providers include back problems, anxiety, headaches, insomnia, depression, arthritis, and allergies.^{1,8}

Malaysia is a multiracial and multicultural society, with an ethnic composition of Malays, Chinese, Indian and the indigenous groups in Sabah and Sarawak. The aim of this study is to learn about CAM utilization patterns in Kuching, Sarawak and the possible effects of different socio-demographic factors on these patterns.

Materials and methods

This was a cross-sectional study of patients attending three primary care clinics in Kuching. These clinics were selected by random sampling. The study proposal was approved by the ethics committee of the University Malaysia Sarawak. Patients, 15 years old and above, who attended any of these clinics were given a general questionnaire on socio-demographics and a questionnaire on CAM before they were seen by their primary care doctors. The researchers spent about 2 hours per week in each clinic over 4